Exhibit M (Rev. 07/12)

THE EMERGENCY FOOD ASSISTANCE PROGRAM REGIONAL OFFICE MONTHLY REPORT

Report Month And Year			Name of Regional Office			
		rt following the end of the month. This report must be submitted to an thirty (30) days following the last day of the report month.				
I.	<u>Participation Information</u> : Report the total number of households that receive TEFAP food(s) in your management area during this report month (from the 1st calendar day through the last day of the month). This total should be computed by adding the participation data received from <u>all</u> TEFAP participating organizations within your respective management area for the report month.					
	Total Households Served:					
II.	hand du	Inventory Control/Losses: Please report in full case amounts, the quantity of products distributed/lost, and on hand during this month. These totals should be computed by adding the inventory control data received from all TEFAP distributing organizations within your management area for the report month.				
Product		Total Cases Distributed	* Total Cases Lost	* Total Cases on Hand At End of Report Month		
	<u> </u>				<u>-</u>	
				0		
* Please indicate the total losses reported by all organizations. Also report any inventory problems (including organizations that consistently maintain large inventories) or other matters which would require the assistance and/or attention of the Food Distribution Unit.						
III.						
Sign	Signature of DCF Regional Director or Designee Date					